SAMARITAN HEALTH CARE SUBACUTE

551 SILVERBROOK DRIVE

WEST BEND	53095	Phone: (262) 334-859	19	Ownership:	County
Operated from	1/1 To 12/3	1 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	taffed (12/31/03):	18	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	23	Title 19 (Medicaid) Certified?	No
Number of Resi	dents on 12/3	1/03:	16	Average Daily Census:	15

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	8
Home Health Care	No	. 4 2		Age Groups	}		0.0
Supp. Home Care-Personal Care	No			1			0.0
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	6.3		0.0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	0.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	43.8		0.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.5	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	25.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	12.5	65 & Over	93.8		
Transportation	No	Cerebrovascular	6.3			RNs	65.1
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	18.6
Other Services	No	Respiratory	12.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	43.8	Male	31.3	Aides, & Orderlies	38.0
Mentally Ill	No	[Female	68.8		
Provide Day Programming for			100.0	I			
Developmentally Disabled	No			İ	100.0		
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Method of Reimbursement

		Medicare			dicaid tle 19			Other		P	rivate Pay			amily Care		1	Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	302	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	100.0	606	16	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		0	0.0		0	0.0		0	0.0		0	0.0		1	100.0		16	100.0

Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03										
Deaths During Reporting Period												
	I				% Needing		Total					
Percent Admissions from:	I	Activities of	용		sistance of	· · · · · · · · · · · · · · · · · · ·	Number of					
Private Home/No Home Health	0.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.2	Bathing	0.0		100.0	0.0	16					
Other Nursing Homes	0.2	Dressing	12.5		87.5	0.0	16					
Acute Care Hospitals	99.0	Transferring	6.3		87.5	6.3	16					
Psych. HospMR/DD Facilities	0.0	Toilet Use	6.3		93.8	0.0	16					
Rehabilitation Hospitals	0.2	Eating	75.0		25.0	0.0	16					
Other Locations	0.0	*****	*****	*****	*****	********	*****					
otal Number of Admissions	412	Continence		용	Special Treatm	nents	용					
ercent Discharges To:	1	Indwelling Or Extern	al Catheter	6.3	Receiving Re	espiratory Care	18.8					
Private Home/No Home Health	30.5	Occ/Freq. Incontinen	t of Bladder	50.0	Receiving Tr	acheostomy Care	0.0					
Private Home/With Home Health	40.9	Occ/Freq. Incontinen	t of Bowel	18.8	Receiving Su	ctioning _	6.3					
Other Nursing Homes	9.7	<u>-</u>			Receiving Os	stomy Care	0.0					
Acute Care Hospitals	5.1	Mobility			Receiving Tu	ibe Feeding	0.0					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Me	chanically Altered Diets	31.3					
Rehabilitation Hospitals	0.0	-			2	-						
Other Locations	12.6	Skin Care			Other Resident	Characteristics						
Deaths	1.2			0.0	Have Advance	Directives	93.8					
otal Number of Discharges	i	With Rashes		18.8	Medications							
(Including Deaths)	413 i					sychoactive Drugs	37.5					

	This	Other	Hospital-	i	All
	Facility	Based Facilities		Fac	ilties
	왕	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	65.2	90.1	0.72	87.4	0.75
Current Residents from In-County	93.8	83.8	1.12	76.7	1.22
Admissions from In-County, Still Residing	3.6	14.2	0.26	19.6	0.19
Admissions/Average Daily Census	2746.7	229.5	11.97	141.3	19.44
Discharges/Average Daily Census	2753.3	229.2	12.01	142.5	19.33
Discharges To Private Residence/Average Daily Census	1966.7	124.8	15.76	61.6	31.92
Residents Receiving Skilled Care	100.0	92.5	1.08	88.1	1.14
Residents Aged 65 and Older	93.8	91.8	1.02	87.8	1.07
Title 19 (Medicaid) Funded Residents	0.0	64.4	0.00	65.9	0.00
Private Pay Funded Residents	0.0	22.4	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	0.0	32.9	0.00	33.6	0.00
General Medical Service Residents	43.8	22.9	1.91	20.6	2.13
Impaired ADL (Mean)*	41.3	48.6	0.85	49.4	0.83
Psychological Problems	37.5	55.4	0.68	57.4	0.65
Nursing Care Required (Mean) *	9.4	7.0	1.34	7.3	1.28